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CONFIRMATION NO. 2868

<b>SERIAL NUMBER</b> 10/679,723	<b>FILING OR 371(c) DATE</b> 10/06/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> GJE-6089D3
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**APPLICANTS**

Bruce Joseph Roser, Cambridgeshire, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/658,219 09/08/2003 which is a CON of 09/888,734 06/25/2001  
 which is a CON of 08/875,796 10/30/1998 PAT 6,649,386 \*  
 which is a 371 of PCT/GB96/00119 01/19/1996

(\*) Data provided by applicant is not consistent with PTO records- OK to PAM

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9501040.1 01/19/1995

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

12/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

25225

**TITLE**

Dried blood factor composition comprising trehalose

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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